



Atty. Dkt. No. 023971-0389



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hideaki INOUE  
Title: AUTOMATIC SHIFT CONTROL APPARATUS AND METHOD  
FOR MANUAL TRANSMISSION  
Appl. No.: Unassigned  
Filing Date: MAR 12 2004  
Examiner: Unknown  
Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Hideaki INOUE

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (43 pages).
- [ X ] Formal drawings (13 sheets, Figures 1-10C).
- [ X ] Declaration and Power of Attorney (3 pages).
- [ X ] Assignment of the invention to NISSAN MOTOR CO., LTD.
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Information Disclosure Statement.
- [ X ] Form PTO/SB/08 with copies of 5 listed reference(s).
- [ X ] Application Data Sheet (37 CFR 1.76).

☒ Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract 1/2 of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
TOTAL FEE								=	\$810.00

☒ A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date MAR 12 2004

By Richard L. Schwaab

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